



## LEAD TRAINING PROGRAM PROVIDER ACCREDITATION RENEWAL APPLICATION

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY

Date Rec'd: \_\_\_ / \_\_\_ / \_\_\_ Amount \$ \_\_\_\_\_ Budget #7C790-085 Remittance # \_\_\_\_\_

Lead training program providers are required to be re-accredited in accordance with 25 TAC §§295.201-220. A fee of **\$500.00** must accompany the application. Send a cashier's check or money order payable to "**Texas Department of Health - 7C790-085.**" **Do not send personal checks, company checks, or cash. Application fees are nonrefundable.** Complete all blocks below (print or type only) and supply all the required documentation listed on this form.

Accreditation Number: \_ \_ \_ \_ \_

		( )	( )
Name of Organization	Telephone Number	Fax Number	
Mailing Address	City	State	Zip
Physical Address (if different)	City	State	Zip

To seek department re-accreditation, the following information must be submitted with this application in accordance with §295.204 of the Texas Environmental Lead Reduction Rules.

- \_\_\_ 1. A list of courses for which the training program provider is applying for department re-accreditation [§295.204(g)(3)(B)]; **and**
- \_\_\_ 2. A statement signed by the training program manager certifying that the training program provider will at all times comply with all the requirements in [§295.204(d)] and [§295.204(f)]; **and**
- \_\_\_ 3. A statement signed by the training program manager certifying that the training program provider will follow the recordkeeping and reporting requirements in [§295.204(j)]; **and**
- \_\_\_ 4. Has there been any changes or updates to the training facility or equipment since the date of your last accreditation application? \_\_\_ Yes \_\_\_ No. If yes, please provide a detailed description of changes and attach it to this application.

**APPLICATION IS CONTINUED ON BACK**

### APPLICANT VERIFICATION OF INFORMATION

I certify that I have read the Texas Environmental Lead Reduction Rules 25 TAC §§ 295.201-220. I declare that I have examined this application and accompanying documents and to the best of my knowledge and belief, all information provided is complete, true, and correct. I acknowledge that any falsification or misrepresentation in attempting to obtain department re-accreditation will result in the disapproval of this application.

Signature of Training Program Manager	Date

### IMPORTANT

**APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT, AND ALL REQUIRED DOCUMENTATION AND FEE ARE SUBMITTED.**

### NOTE:

- , Mail this application and other required documentation to: Environmental Lead Branch, Lead Training Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, TX 78714-9200.
- , A training program provider shall not provide, offer, or claim to provide department-accredited training courses without first applying for and receiving accreditation from the department as required under §295.204(c) [§295.204(a)(3)].